

REPORT # 07-9567	REPORTING AGENCY CAMBRIDGE P.D.	N.C.I.C. 3001	REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. VEH. INVOLVED 2	CRASH SEVERITY <input type="checkbox"/> Injury <input checked="" type="checkbox"/> PDO
HIT SKIP Solved <input type="checkbox"/> Unsolved <input type="checkbox"/>	IN COUNTY OF GUERNSEY	IN CITY OF CAMBRIDGE	DATE OF CRASH 12 / 19 / 2007	TIME:MILITARY 1056	
UNIT ERROR 1	PHOTOS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>CAMBRIDGE POLICE DEPARTMENT PRIVATE PROPERTY CRASH REPORT</b>			
CRASH OCCURRED ON / AT INTERSECTION <b>private lot 1226 Southgate Pkwy</b>					

UNIT # 1	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) <b>Johnson Kaitlyn D</b>					
ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>22251 Mc Coy rd Quaker city oh 43773</b>							
DATE OF BIRTH 03/12/1989	DRIVER LICENSE #S7979060	STATE Oh	PHONE (HOME) 740-489-5719	PHONE WORK/CELL	LICENSE PLATE NO. EGQ-6660	STATE Oh	
OWNERS NAME <b>Same</b>			OWNERS ADDRESS <b>Same</b>				
VEHICLE INFORMATION	YEAR 1993	MAKE Jeep	MODEL Cherokee	COLOR Blu	INSURANCE American Select	TOW SERVICE	OWNER PHONE Same

UNIT # 2	# OF OCC.	DRIVERS NAME (LAST, FIRST, MIDDLE) <b>Parked (Vincent Beau R)</b>					
ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>133 Myrna Dr Cambridge oh 43725</b>							
DATE OF BIRTH / /	DRIVER LICENSE #	STATE	PHONE (HOME)	PHONE WORK/CELL	LICENSE PLATE NO.	STATE	
OWNERS NAME <b>Vincent Beau R</b>			OWNERS ADDRESS <b>133 Myrna Dr Cambridge Oh 43725</b>				
VEHICLE INFORMATION	YEAR 2003	MAKE Olds	MODEL Alereo	COLOR tan	INSURANCE Grange	TOW SERVICE	OWNER PHONE 740-439-0769

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

**Unit-1 was travelling from west to East through the lot and collided with unit 2, a parked veh.**

RECEIVED CALL 1056	DISPATCHED 1057	ARRIVED 1057	CLEARED 1109	OTHER TIME 30	TOTAL TIME 42	DATE CRASH REPORTED 12/19/2007
OFFICERS NAME Ptl J Dodd		BADGE # 26	CHECKED BY		BADGE #	DATE REPORT FILED 12/19/2007
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